

POSITION	INITIALS	ID NO.	DATE
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FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	3-8-01
FORMALITY REVIEW	aw	949	3/30/01
RESPONSE FORMALITY REVIEW	mm	780	6-6-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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